

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480 A+ SCHOOLS PROGRAM REQUEST FOR A+ TUITION REIMBURSEMENT – CORRECTION

(Refer to the Missouri School Directory)

COLLEGE CODE OR CO/DIST CODE

FOR DEPART	MENT USE ONL	Y											
APPROVED BY:					DATE APPROVED								
A. PROJECT IN	FORMATION												
COLLEGE /VO-TECH S	SCHOOL DISTRICT		COLLEGE/ VO-TECH SCHOOL NAME										
ADDRESS, CITY, STA	TE, ZIP CODE:												
CONTACT PERSON A					FISCAL YEAR JUNE 30								
Certification:						CHIEF ADMINISTRATOR'S SIGNATURE							
belief PLEASE CHECK ONE	of the FOLLOWING AND Summer (Year)	Date:	ΓΗΕ YEAR IN T	THE APPROPRI	-	☐ Spring (Ye	ear)	F	ull Year Program				
B. PROJECT I	FINANCIAL DAT	A											
Student Name (LN, FN and MN or initial)	SSN ()	Cr. Hr /Clock Hr	Tuition	Fees	PELL/ SEOG	Restricted Scholarships	Amt Received for Student	Amt of Overpayment (To be refunded to DESE)	Comment	LS Certificate/ Degree	Fin. Aid Funded		
			Total:	Total	Total:	Total:	Total:	Total					
Total Number of St		Grand Total	Grand Total: \$										

[&]quot;The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581."

MO 500-2461 (7/04)

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			-									
			Total:	Total	Total	Total	Total	Total				
Total Number of Students:					GRAND TOTAL							

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